

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Pacifico et al.

Examiner: Samuel A. Acquah

Serial No.: 09/996,636

Group Art Unit: 1711

Filed: November 29, 2001

Docket: 1001-13 RES

For: SENSITIVE SUBSTANCE  
ENCAPSULATION

Dated: February 9, 2004

Mail Stop Reissue  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner,  
Mailed August 8, 2003, finally rejecting Claims 1-36.

The item(s) checked below are appropriate:

**1. STATUS OF APPLICANT**

This application is on behalf of

☐ other than a small entity.  
☒ small entity.

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)**

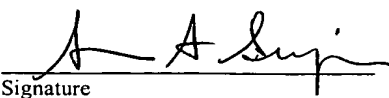
I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

☒ Deposited with the United States Postal Service with sufficient  
postage as first class mail in an envelope addressed to the  
Commissioner for Patents, Alexandria, VA 22313-1450

**FACSIMILE**

☐ Transmitted by facsimile to the  
Patent and Trademark Office

  
Signature

Date: February 9, 2004

Susan Sipos

02/18/2004 AWONDAF1 00000018 09996636

01 FC:2401 165.00 0P  
02 FC:2253 475.00 0P

(Notice of Appeal from the Primary Examiner to Board Page 1 of 3)

2. **FEE FOR FILING NOTICE OF APPEAL**

Pursuant to 37 CFR 1.17(e), the fee for filing the Notice of Appeal is:

<input checked="" type="checkbox"/>	small entity	\$165.00
<input type="checkbox"/>	other than small entity	\$330.00

Notice of Appeal fee due **\$165.00**

3. **EXTENSION OF TERM**

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

(complete (A) or (B), as applicable)

(A) ☒ Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below (fees: 37 CFR 1.17(a)-(d)):

	Extension (months)	Fee for Other than Small Entity	Fee for Small Entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input type="checkbox"/>	two months	\$ 420.00	\$210.00
<input checked="" type="checkbox"/>	<b>three months</b>	<b>\$ 950.00</b>	\$475.00
<input type="checkbox"/>	four months	\$1,440.00	\$720.00

Fee due for indicated extension **\$475.00**

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

☐ An extension for \_\_\_\_\_ months has already been secured. The fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

(B) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

4. **TOTAL FEE DUE**

The total fee due is:

Notice of Appeal fee	\$ <u>165.00</u>
Extension fee (if any)	\$ <u>475.00</u>

**TOTAL FEE DUE \$ 640.00**

5. **FEE PAYMENT**

☒ Attached is a check in the sum of **\$640.00**

☐ Charge Account No. \_\_\_\_\_ the sum of \$

A duplicate of this transmittal is attached.

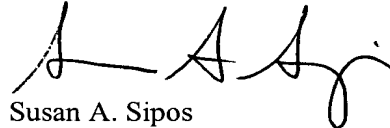
6. **FEE DEFICIENCY**

☒ If any additional extension and/or fee is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

AND/OR

☒ If any additional fee for claims is required or any overpayment has been made, please charge our Deposit Account No. **08-2461** or credit our Deposit Account for such sum.

Respectfully submitted,



Susan A. Sipos  
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